

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

43118-1

1932

1. PLACE OF DEATH

County Stoddard

Registration District No. 836

Township Sec

Primary Registration District No. 6100

City Sec

(No. ...., St. ...., Ward)

File No. 2

Registered No. 2

2. FULL NAME

(a) Residence, No. ...., St. ...., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

12-10-31

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

25 hours

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY)

Stoddard Co

MOTHER FATHER

13. NAME

Ray Sampson

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY)

Stoddard Mo

15. MAIDEN NAME

Mrs Cardwell

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY)

Stoddard Co

17. INFORMANT (ADDRESS)

Willie Banner

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Buried

DATE

12 10 31

19. UNDERTAKER (ADDRESS)

Sec

20. FILED

12/10/31

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Dec 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12 10 31, 1931, to 12 10 31, 1931.

I last saw him alive on 12-10, 1931. Death is said

to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

Premature

157 / 59

Other contributory causes of importance:

Date of onset

Name of operation .... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 1931.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Sec

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

